FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37357

(1)

RINGLER SECURITIES SERVICES, INC.

FILED							
Jan 28 1998 8:00am							
Secretary of State							

TH TT

Principal Place of Business Mailing Address						1911 BIBIA BIBIA BIBII BIBII 1881
5000 BIRCH STREET, SUITE 300 5000 BIRCH STREET, SUITE						
MENTUNI DEI	NON ON 92000	NEWPORT BEAUTI GA S	NEWPORT BEACH CA 92680		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 01/29/1992	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			33-0413079	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>		6. Commeate of Status Desired	Fee Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country		8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	No No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
	IGINS, CURT			81 Name		İ
	1 UNIVERSITY BLVD			B2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
WIN	ITER PARK FL 32792			63		
				84 City	F	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607 1508, Florida Statul	tes, the at	ove-named co	orporation submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corpo	ration's board of directors. I hereby accept the a	ppointment as registered
•	in lamiliar with, and accept the obig	pations of, occupin bor.coco, i i	onda otat	100.		
SIGNATURE	Signature, typed or printed name of registered ag-	ont and lifte if applicable (NO)	L Registered	Agent signature re	quired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	CDP	DELETE	1.1 Ŧ(ī	LE		☐ Change ☐ Addition
NAME	BLATTENBERG, ROBERT J.		1.2 NA	ME		la la
STREET ADDRESS	5000 BIRCH STREET #300		1.3 ST	REET ADDRESS		اَوْ
CITY-ST-ZIP	NEWPORT BEACH CA		14 C	Y-ST-ZIP		
TITLE	VCV	DELETE	2.1 TiT	LE		Change Addition
NAME	HOFFMAN, PAUL A		2.2 NA	MF		
STREET ADDRESS	116 JOHN ST. #2320		2.3 S1	REET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2. 4 CI	TY-ST-ZIP		
TITLE		L DELETE	3.1 7(7			☐ Change ☐ Addition
NAME			3.2 NA	1		
STREET ADDRESS			12 S.E	REE1 ADDRESS		
CITY-ST-ZIP		1 65.555		TY-S1-ZIP		
TITLE		L DELETE	4.1 TiT			L_ Change L_ Addition
NAME			4. 2 N/	ME		
STREET ADDRESS			4 3 ST	REET ADDRESS		
CITY-ST-ZIP	- <u></u>			Y-ST-ZIP	<u> </u>	
TITLE		DELETE	5.1 TIT	i		Change Addition
NAME			5.2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 T(T	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		ľ
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment within address.